



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 413

Principles of Reasonable Cost Reimbursement; Payment for End-Stage Renal Disease Services; Optional Prospectively Determined Payment Rates for Skilled Nursing Facilities

CFR Correction

In Title 42 of the Code of Federal Regulations, Parts 1 to 399, revised as of October 1, 2014, make the following two corrections:

1. On page 817, in §413.89, reinstate paragraph (h)(1)(iii) to read as follows:

§413.89 Bad debts, charity, and courtesy allowances.

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(h) * * *

(iii) For cost reporting periods beginning during fiscal year 2000, by 45 percent; and

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2. On page 876, in §413.337, reinstate paragraph (e) to read as follows:

§413.337 Methodology for calculating the prospective payment rates.

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(e) Pursuant to section 101 of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 (BBRA) as revised by section 314 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA), using the best available data, the Secretary will issue a new regulation with a newly refined case-mix classification system to better account for medically complex patients. Upon issuance of the new regulation, the temporary increases in payment for certain high cost patients will no longer be applicable.

BILLING CODE 1505-01-D

[FR Doc. 2015-13434 Filed: 6/2/2015 08:45 am; Publication Date: 6/3/2015]